

Brantford Native Housing Housing Program



Application Package

318 Colborne Street East
Brantford, ON
N3S 3M9
Phone: (519) 756-2205 x 227 or x 224
Fax: (519) 756-1764

BNH OFFICE USE ONLY

Date Received: _____

Received By: _____ Department: _____

Housing Program Application Information

APPLICATION INFORMATION

Background

Brantford Native Housing operates multiple affordable housing facilities. The many different housing facilities are geared to various Indigenous households. Our affordable housing program is offered to the following Indigenous households:

- Single clients
- Families
- Seniors
- People with disabilities

Please note, BNH's Affordable Housing program is not Transitional housing or Emergency Shelter Housing. If you do require that model of housing, please refer to our website for more information and for the BNH Transitional Housing Application Form.

Brantford Native Housing - Affordable Housing Program

The Brantford Native Housing Program is designed to address the specific needs of Indigenous households in both urban and rural areas of Brantford and Brant County. By focusing on affordable living solutions, the program aims to provide housing that is financially accessible to Indigenous families and individuals. The program offers a range of services and supports tailored to the unique cultural and economic needs of urban Indigenous residents. This could include assistance in finding housing, looking into government subsidies to make housing more affordable, and programs that support rent assistance. Additionally, BNH's Housing Program offers support services that go beyond housing, such as community building activities, cultural programming, and access to resources that promote one's overall well-being.

Completed Applications can be submitted to: **Attn: Housing Outreach Worker**

Mail or Drop Box – 318 Colborne St E, Brantford ON, N3S 3M9

Faxed – 519-756-1764 Email: roselyn@brantfordnativehousing.com and/or busime@brantfordnativehousing.com

Once we receive and review completed prospective client application forms, one of Brantford Native Housing's staff will reach out and connect with the applicant and schedule an intake interview.

HOUSING APPLICATION REQUIREMENTS

Before submitting your application, please make sure the application is **complete** and all required documents are attached. Incomplete applications will **NOT** be accepted or added to the waitlist.

Note: 50% of the household must be of indigenous ancestry to qualify. Status or status eligibility will be required.

*Examples of **eligible** households*

- Applicant – Status
- Dependent 1 – Status
- Dependent 2 – Non-Indigenous

*Examples of **non-eligible** households*

- Applicant – Non-Status
- Co-applicant – Non-Indigenous
- Dependent 2 – Non-Indigenous

Completed application requirements:

Full application with all sections filled out

ID for everyone on the application

Status cards or status eligibility letter for everyone on the application

Income verification for everyone collecting an income

Family Composition

Acceptable forms of ID

Driver's license

ID card

Status card

Passport

Health card

Acceptable forms of Income Verification

Notice of assessment (NOA)

Income tax summary

Recent pay stub

ODSP

OW slip

Bank statement

Letter from employer with annual income

Note: If you lack any form of ID or proof of income, please consult one of our staff members for assistance in obtaining the necessary documentation to complete your housing application. Without these documents, your application cannot be accepted.

APPLICATION FORM

Incomplete Application Forms will not be Accepted

Applicant

Last Name: _____ Middle Initial: _____ First Name: _____

Date of Birth: _____ (MM/DD/YYYY) Social Insurance Number: _____

Gender: Female Male Two-Spirit Non-Binary Other: _____

Native Ancestry: First Nations - Status Six Nations - Status Non-Native
 First Nations - Non status Six Nations - Non status Metis
 Inuit Other: _____

Please Provide a Copy of Your Status Card

Marital Status: Single Married Separated Divorced Widowed Common-Law

Current Address: _____ Unit/Apt# _____

City/Town: _____ Province _____ Postal Code _____

Phone Number: (____) - _____ Cell Home Work

Phone Number: (____) - _____ Cell Home Work

Email Address: _____

Preferred method of Contact? Email Phone call Text

Mailing Address: _____ Unit/Apt# _____
(If different)

City/Town: _____ Province: _____ Postal Code: _____

Is the Applicant currently homeless or at risk of homelessness? Yes No

If yes, please provide us with more information: _____

ALTERNATIVE CONTACT

Name of Contact: _____ Relationship: _____

Phone number: _____ Email: _____

EMERGENCY CONTACT

Contact Name: _____ Relationship: _____

Phone number: (____) - ____ - ____ Cell Home Work

Email address: _____

CO-APPLICANT INFORMATION (if applicable)

Last Name: _____ Middle Initial: _____ First Name: _____

Date of Birth: _____ (MM/DD/YYYY) Social Insurance Number: _____

Gender: Female Male Two-Spirit Non-Binary Other: _____

Native Ancestry: First Nations - Status Six Nations - Status Non-Native
 First Nations - Non status Six Nations - Non status Metis
 Inuit Other: _____

Please Provide a Copy of Your Status Card

Relationship to Applicant: _____

Current Address: _____ Unit/Apt# _____

City/Town: _____ Province _____ Postal Code _____

Phone Number: (____) - ____ - ____ Cell Home Work

Phone Number: (____) - ____ - ____ Cell Home Work

Email Address: _____

Preferred method of Contact? Email Phone call Text

Mailing Address: _____ Unit/Apt# _____
(If different than applicant)

City/Town: _____ Province: _____ Postal Code: _____

Is the Co- Applicant currently homeless or at risk of homelessness? Yes No

If yes, please provide us with more information: _____

FAMILY MEMBERS

Are there other family members that will reside in the accommodations applied for?

Only dependents currently under the care of the main applicant are eligible

Dependents need to live with the primary applicant, otherwise, their housing choices could be impacted.

Last Name	First Name	Date of Birth (dd/mm/yyyy)	Gender	Relationship	Native Ancestry

Do all family members reside in present accommodation: Yes No

If no, give address and reason for separation: _____

ACCOMMODATION

Which accommodation size do you require? (Circle ONE ONLY)

1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom Barrier free

Is there a requirement for a modified or accessible unit? Yes No

If yes, please specify: _____

PREVIOUS LANDLORDS

List Previous Landlords for the past five years. Attach separate sheet if required

Landlord Name: _____ Landlord Number: _____

Previous Address: _____ City: _____

Province: _____ Postal Code: _____

Move in date: _____ Move out date: _____

Was the unit Market Rent or Geared or Income? Market Rent Geared to Income

Landlord Name: _____ Landlord Number: _____

Previous Address: _____ City: _____

Province: _____ Postal Code: _____

Move in date: _____ Move out date: _____

Was the unit Market Rent or Geared or Income? Market Rent Geared to Income**CURRENT HOUSING FINANCIAL INFORMATION**

Move in Date: _____ Rent Amount: Full \$ _____ Or Shared \$ _____

Utilities: Hydro Amount: \$ _____ Water Amount: \$ _____ Other \$ _____

Number of Bedrooms: _____ Are you under notice to vacate your home? Yes No

If yes, when and why? _____

Landlord Name: _____ Landlord Number: () - -

How much notice must you give before moving out? 30 Days 60 Days 90 Days None**Total Monthly Household Financial Information**

Please declare all sources of income of those in the household and provide proof of each.

Refer to definition of income page attached to application

Income Source	Proof	Applicant (\$)	Co-Applicant(\$)	Other Members(\$)
Employment	Pay Stubs			
OW/ODSP	Current cheque & Drug Card			

Employment Insurance (E.I)	2 Most Recent Cheque Stubs			
Canada Pension (CPP)	Bank Record or Last Cheque			
Self-Employment	Bank Record			
Old Age Security (OAS)	Bank Record or Last Cheque			
Worker's Comp (WSIB)	Most Recent Cheque			
Assets	Attach Description			
Other Pensions	Bank Record or Last Cheque			
Other Income	Bank Record or Last Cheque			
	TOTAL HOUSEHOLD INCOME (\$)			

Applicant Current Employer: _____ Phone Number: (____) - ____ - ____

Position: _____ Full Time Part-Time Temporary Hourly Rate: \$ _____

Co-Applicant Current Employer: _____ Phone Number: _____

Position: _____ Full time Part Time Temporary Hourly Rate: \$ _____

PREVIOUS APPLICATION AND TENANCY

Has anyone on this application previously applied for subsidized rental housing in Ontario or with BNH? Yes No

If yes, name used on the application: _____

Agency applied to: _____ Date applied: _____

Has anyone on this application previously lived in subsidized rental housing in Ontario or with BNH? Yes No

If yes, name used on the application: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Reason for leaving: _____

Move in Date: _____ Moved out Date: _____

CONSENT AND AUTHORIZATION

I give my consent and authorization to Brantford Native Housing:

- To disclose the information given on this form to non-profit housing corporations/co-operative local housing authorities, other municipal, provincial, and federal departments and agencies that assist in the provision of affordable

housing and social agencies providing social assistance to me and personas listed on this application.

- To make inquiries to verify the information given in this application and I authorize any person, corporation or any social agency having knowledge of any such required information to release the information to Brantford Native Housing.
- To disclose any information in my file to Credit Bureaus and Collection Agencies regarding arrears during and after my tenancy with Brantford Native Housing.
- To make inquiries to past landlords regarding my tenancy.
- To provide information to future landlords about my tenancy with Brantford Native Housing.
- To make inquiries to Credit Bureau and Collection Agencies regarding my financial circumstances.
- I understand that if I get housing, only the people I wrote down on this form can live with me. I, also, must report any changes in the number of people who live with me, AND any changes to my income.
- Questions about this consent and authorization should be directed to:

Brantford Native Housing – 318 Colborne St. East, Brantford, ON N3S 3M9

TEL; (519) – 756-2205 or FAX (519) – 756-1764

Applicant's Signature	Date
Co-Applicant's Signature	Date

Consent form (Collection, Use and Disclosure of Personal Information)

What is “Personal Information?”

Personal information includes any factual or subjective information. Recorded or not, about an identifiable individual. This includes information in any form, such as:

- Age, Name, ID Numbers, Income, Assets, Household Composition, Residency Status, Rent Payment Record, etc.
- Opinions, Evaluations, Comments, Social Status, Disciplinary Actions; and
- Employee Files, Credit Records, Loan Records, Medical Records, Existence of a Dispute between a landlord and a tenant, Intentions (I.e, to acquire goods and services, or change jobs).

Personal information does not include the name, title, business address or telephone number of an employee of an organization.

Collection and Use of Your Personal Information

Brantford Native Housing will collect, retain and use the personal information provided by you in this form and its attachments for the following purposes:

- Considering your application for tenancy;
- Verifying the information that you have provided in your application and its attachments relating to the administration and processing of your application for tenancy;
- Calculating your rent;
- For collection of your rent;
- Meeting legal and regulatory requirements arising out of or relating to your tenancy;
- For the use of Brantford Native Housing's auditor to verify our financial records;
- For the purpose of contacting necessary services or your contact person in case of an emergency;
- For the purpose of making repairs or renovations to the housing unit;

The **Housing Team** of Brantford Native Housing, located at 318 Colborne St East, Brantford, Ontario N3S 3M9, (519)-756-2205 can answer questions and respond to complaints about the collection, use or disclosure of the information.

Brantford Native Housing will disclose the personal information provided by you in this form to the following parties for the purposes described above;

- To any social agency providing any form of assistance to you, or other government subsidy under the *Ontario Works Act 1997*, the *Ontario Disability Support Program Act 1997*, or any government department responsible for social housing programs under the *Residential Tenancies Act*, or Brantford Native Housing's housing portfolio operating agreement;
- To the Government of Canada, a department, ministry or agency of it, without further notice to me if the information is necessary for the purpose of administration or enforcing the *Income Tax Act (Canada)* or the *Immigration Act*;
- To any agent working on behalf of Brantford Native Housing for the purpose of complying with the *Residential Tenancies Act*;
- To any agent/contractor working on behalf of Brantford Native Housing to make repairs or improvements to the house or unit;
- To relevant agencies or contact person in case of an emergency;
- To credit bureaus and other businesses or individuals that provide credit or rental history information about you;
- To a third party in connection with the potential or actual sale, reorganization, merger, consolidation or disposition of the business of Brantford Native Housing;
- To the City of Brantford – Housing Department for any damage or rental arrears left after vacating the house or unit;

- To Financial Institutions for the collection of rent.

Consent

I authorize and agree that **Brantford Native Housing** may collect, use and disclose the personal information that I have provided in this form and its attachments as described above as well as disclose of personal information. I understand and acknowledge that, in addition to the foregoing, **Brantford Native Housing** will also collect, use, and disclose my personal information as required or permitted by law.

Applicant's Signature

Date

Co-Applicant's Signature

Date

BNH Staff Signature

Date

To be signed by all household members living in the unit who are sixteen years or older.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

BNH OFFICE USE ONLY	
Date Received: _____	
Received By: _____	Department: _____